

GENERATION WITH PROMISE GUIDE TO COMPOSITION OF YOUR COORDINATED SCHOOL HEALTH TEAM (CSHT) (2008-2009)

This team needs to be formed as a required part of this grant. The team should meet on a monthly basis to complete the HSAT assessment, develop your Action Plan and to guide and implement your Action Plan throughout the school-year.

Once your team is formed, please fax this form to (313) 456-4390 or e-mail them to: generationwithpromise@michigan.gov. When you have team members to add or delete, please send an updated form to us.

COORDINATED SCHOOL HEALTH TEAM (CSHT): Required members include the principal/assistant principal, GWP local project coordinator, PE teacher, health teacher (or other teacher if the PE and health teachers are the same), foodservice director or manager, a community member, parents of a sixth, seventh, and eighth grade student; and sixth, seventh and eighth grade students. Recommended members include: school nurse, parent organization member, school counselor, school board member, persons from local health department or MSU Extension, teachers other than PE and Health or business partners that support the health mission of your school. More members can be added based on gaps identified.

School demographic information: Total Number of students: Sixth grade:% Seventh grade:% Eighth grade:% Race of all students: African American:% Mixed Race: % Caucasian:% Other:%			
Team Demographic Info: Race of members: African American:% Mixed Race:% Caucasian:% Other:%			
CSHT Member	Name	Email Address	Phone Number
Principal:			
Assistant Principal:			
CSHT Leader:			
PE Teacher:			
Health Teacher (if applicable)			
Other teacher:			
Foodservice Director / Manager:			
Community Member:			
6 th Grade Student:			
Alternate 6 th Grade Student			
Seventh Grade Student:			
Alternate 7 th Grade Student:			
8 th Grade Student:			
Alternate 8 th Grade Student:			
Parent of 6 th Grade Student:			
Parent of 7 th Grade Student:			
Parent of 8 th Grade Student			
Other:			

Coordinated School Health Team (CSHT) Roster:

SCHOOL NAME: _____

DATE: _____